FILING DATE SERIAL NO. **CLAIMS ONLY** APPLICANT(S) CLAIMS AFTER 1st AMENOMENT AFTER 2nd AMENOMENT IND. DER NO. DEP. IND. DEP. MD. DEP. IND. DEP. #KD. DEP. в TOTAL TOTAL IND. **_** S ₽Ū Ťζ TOTAL TOTAL MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS

conselled

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